PART B - FEE(S) TRANSMITTAL									
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1	mpiete and sent	ms form, together w.	applicable f	ee(s), to: <u>w</u>	1 <u>811</u>	Mail Stop ISS Commissioner to	FEE T Patents	/	
	NEC 2 0 2004 H					P.O. Box 1450 Alexandria, Virg		· /	
-	S. S.			or I	<b>Eax</b>	(703) 746-4000		•	
17	TRUCTIONS: The fo	rm should be used for tran	smitting the ISSU	JE FEE and I	PUBLIC	ATION FEE (if requ	ired). Blocks I through 5	should be completed wh	
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25226; 7590 09/28/2004 have its own certificate of mailing or transmission.								1.	
MORRISON & FOERSTER LLP 755 PAGE MILL RD CERTIFICATE OF MAILING BY "EXPRESS MAIL"									
	PALO ALTO, CA			Express Mail Label No. EV537016461US Date of Deposit: December 20, 2004					
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	APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/616,767 07/09/2003			Shigetoshi Ito			245402002701	2281	
TITLE OF INVENTION: NITRIDE SEMICONDUCTOR LASER DEVICE AND OPTICAL PICKUP APPARATUS THEREWITH									
	APPLN. TYPE	SMALL ENTITY	ISSUB F	EE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	nonprovisional NO		A 1,400 -		\$300	# /. 100 — 12/28/2004		
	EXAMINER		ART UN	ART UNIT C		ASS-SUBCLASS	1		
ш	SOWARD, IDA M			2822 257-022000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys IMorrison & Foerster LI									
Address form PTO/SR/122) attached of Correspondence or agents OR, alternatively,									
"Fee Address" indication (or "Fee Address" Indication form registr						2) the name of a single firm (having as a member a 2egistered attorney or agent) and the names of up to			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
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recordance as sectional in 37 Cr (3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Sharp Kabushiki Kaisha  Osaka, Japan									
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):									
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.									
Publication Fee (No small entity discount permitted)					Payment by credit card. Form PTO-2038 is attached.				
Ę	Advance Order - # o	fCopies six (6)	The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 03-1952 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)									
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.									
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	Authorized Signature		<del>/</del>	Date <u>December 20, 2004</u>					
		Christopher B.			Registration No. 48, 375				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
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